Please type a plus sign (+) inside this box \longrightarrow

PTO/SB/01 (12-97)

PTO/SB/01 (12-97)

Approved for use through 9/30/00, OM8 0651-032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT of Contains

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. 3 va6d QMB control number. 96700/488 Attorney Docket Number

DECLARATION FOR UTILITY OR	First Named Invento	N:	ancy Carrasco
DESIGN	First Named Invento	EJE IF K	NOWN
PATENT APPLICATION	Application Number	09/519	U.
(37 CFR 1.63)	Filing Date	March	7, 2000
Declaration OR Submitted after Initial	Group Art Unit	\	
Submitted OR Submitted after white with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name		
As a below named interest, and citizenship are as My residence, post office address, and citizenship are as I befieve I am the original, first and sole inventor (if only of names are listed below) of the subject matter which is displayed. METHODS FOR THE DIAGNOSIS AN	NIG LIGHT OF ITS (OU CONTROL)	eninht of	rat and joint inventor (if plural the invention entitled: T CANCER
METHODS FOR THE DIAGNOSIS 7.1.			
the specification of what	of the Invention)		
OR was filed on (MM/DD/YYYY) 03/07/2000			ation Number or PCT International (if applicable).
Applicable that I have reviewed and understand the	as emended on (MM/DD/YYY) contents of the above identifie	q sbecucar	ion, including the claims, as
I hereby state that I have reviewed and under the half about amended by any amendment specifically referred to about the same of the same	meterial to patentability as def	ined in 37 (CFR 1,58.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I heraby claim foreign priority bornelits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's cartificate, or 365(a) of any PCT international application which designated at least one country other than the United States of cartificate, or 365(a) of any PCT international application below, by checking the box, any toreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application		Foreign Filing Date (MM/DD/YYY)	Priority Not Claimed	Certified Co	py Attached? NO
Number(s)	Country	(MANUODI)		100	
			日日		
Additional foreign application	n numbers ere listed o	n a supplemental priority data	sheet PTO/SB/(ited below.	reto:

1	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
_	to the design of the sheet PT U/SB/BZB SREGUES TO
L	Additional foreign application numbers are listed on a supplemental priority data application(s) listed below.
_	and any inclination of the listed by a supplemental formation of the land below.
K	Additional foreign application numbers
_	ACALC C 110(a) of any United States y
	15 handit under 35 U.S.C. 110(0) G. 527

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY) Application Number(s)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE is are required to respond to a collection of information unless it contains

Please type a plus sign (+) inside this box Under the Paperwork Reduction Act of 1995.

a valid OMB control number **TECH CENTER 1600/2900 Utility or Design Patent Application** DECLARATION -I hereby claim the benofit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the enfort United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose United States or PCT international application in 37 CFR 1.58 which became available between the fixing date of the prior application and the national or PCT international filling date of the application. Parent Filing Date U.S. Parent Application or PCT Parent (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Number Bar Code QR Labelhere Registered practitioner(s) name/registration number listed below Registration Registration Number Name Number Name Joel E. Lutzke 16.877 33 785 tra E. Silfin Leonard S. Sorgi Morton Ameter 25,829 33,211 Michael J. Bergel 24,932 27.476 Dariel S. Ebenstein Kenneth P. George Neil M. Zipkin 30,259 25,871 34,287 Craig J. Amold Philip H. Gottfried Ahraham Kasdan Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. OR Correspondence address below **Customer Number** Direct all correspondence to: or Bar Code Label Craig J. Arnold, Esq. Name Amster, Rothstein & Ebenstein Address 90 Park Avenue Address 10016 NY ZIP **New York** State City (212) 286-0854 (212) 697-5995 Telephone U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the tike so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeoperdize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Family Name or Surgame Given Name (first and middle [if any]) Carrasco Nancy 28 leo Oate Inventor's Signature U.S.A. Mexican NY Citizenship **New York** Country Residence: City 250 West 89th Street, Apt. 4-M Post Office Address Post Office Address U.S.A. 10024 NY Country **New York** supplemental Additional inventor(s) sheat(s) PTO/SB/02A attached hereto Additional inventors are being named on the 1

1 212 200 0004 F.00

RECEIVED OCT 1 0 2001

		i	(act	0 3 SOLL					
	e) inside this box 🗕 🛊	, , , , , , , , , , , , , , , , , , , ,	PENT.	I MORAL	Approved to	r use the	aran Bandun	PTO/HE/02A (3-0) 2. OHE 0661-003 T.C.E.S.C.M.M.R.P.	4 1
Velid	CMB cantral sumber.		- 1						
2	ECLARATIO	N		······································	ADDITION Quppl Pa	AAL IM Billionii M.S., =	VENTOR al Crassi V.S	(D)	TECH CENTER 1600/2900
Nume of Addition				<u></u>	PRINT SECT 4M	- F.D. W.		f hangpiye	ן 🖁
Given N	ame (first soft middle (If em,	/0			Funity Na	me or B	urnama		1 =
Orsoly s	. ///		1	Dohan					
inventor's signature					T		Date	11/28/00	1290
_Residence: 6h-	Bronx		NY		U.S.A.		<u> </u>	Hungarian	
Poul Office Address	1579 Rhinelander	W., A	pt. 4-C				·		
Post Office Aggress									
744	RIMNY		NY	₽F	10464	Powery	U.8.A.		1
Name of Addition	mel Joint Inventor, il di	īy:		∐ ∧ petiti	on has been filo	d for this	o unaignad	inventar	1
Given Na	me first and missis (if any	p			Facility res	THE OF A	mema		1
Uygar H.	<u> </u>		1	Tazeb	ry .	*			ł
inventore Bignature	M	~/		$\Delta \subset$			Rate	11/28/00]
	Anknes			<u>-↓}</u>	Turkov		Filesiant	T. T. T.	1
Past Amer Address	Hilkant I njemented	77/4						<u></u>	
Anal Allies Address									
CHU	Ankara	<u></u>		210	00533	Lours	ry Turi	wy	j
Name of Addition	nel Joint Inventor, If an	ıy:	i	A petti	on has been flie	d for this	unsigned	Invantor	1
Given Ne Ineme L.	me (first and middle (if ary)	D	v	Vapnir	Family Nur	na gr A	Intrinting		
toventer's Signature							Cate		
1996/Watchard 476	Stanford	State	OA.	- Country	U. P.A.		Citimout	. U.S.	
Pass water right over	666 Pastour Briras	1444							
Feel Office Address									
гну	bieriford	9-960-e	47A	ZIP	D4308-866	1 40	MMM7 -	G.A.	
This pion almones	א אַטאַנייין שוע שוע שוע עו נייני עו נייני	D. A. BANKE	CHE BATT A	ייים פל משורי	A to Dis Chief 184		Carlo Ba	namental rame. An	7



RECEIVED

OCT 1 0 2001

TECH CENTER 1600/2900

Exhibit B

Please typo a plue styn (+) braids this box -->

₩ 1445 on (MM/DDYYYY) 03/07/2000

Application Humber 09/619,959

PTO/5B/01 (12-97)

(Facotcable).

numbers ere listed on a supplemental priority data sheet PTO/SE/028 attached hereto.

Approved for use through B/30/00, OMB 0651-0032
Petert and Tradement Office, U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a yelly Owa county unwood	Attorney Docket Nun	nber	96700/488		
DECLARATION FOR UTILITY OR	First Named Invento		Nancy Carrasco		
DESIGN		KNOWN			
PATENT APPLICATION	Application Number	09/5	19,959		
(37 CFR 1.63)	Filing Date Mar		rch 7, 2000		
Declaration Cubmitted UR Declaration Submitted after Initial					
Submitted OR Submitted Printing (surcharge 137 CFR 1 15 (e)) Filling Filling	Examiner:Name				
As a Delow James Inventor. I hereby deck the Chat: My residence, post office of stream and discovering and set I believe I am the original, first and eath the notion (if only a names are fished below) of the subject multer which is dis METHODS FOR THE DIAGNOSIS ANI	ine name is libited below) or at limms and for which a palent li D TREATMENT OF E	s sough	L first and John inventor (if plural ton the invention entitled: ST CANCER		
the specification of which (Title)	of the inversion)				

unificate, or 365(a) or any rounerios. Neted below and here or of any PCT international \$600		Foreign Filing Date	Priority	Certified Con	y Aruched?
rior Foreign Application	Country	(MIN-DDULLIN)	Not Claimed	YES	<u>NO</u>
hitimpot(s)			1 - 1		
ì		Ì	1 6 1		
ì		,			
		· -			
		on a supplemental priority dan			<u></u>

and was amended on (NUNDOMYY)

I hardly state that I have reviewed and understand the contents of the above identified specification, including the claims, as creamined by any amendment operationary retermed to above.

I admoviedge the duty to disclose information which is nesterial to potentiability as defined in 37 CFR 1.55.

[FBg6 T 91 4]

Burden Hour Statement: This form is estimated to take 0.4 nears to complete. Time will vary depending upon the needs of the Burden Hour Statement: This form is estimated to take 0.4 nears to complete this form should be sent to the Chaf Information Individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chaf Information Officer. Patent end Trademark Office, Washington, DC 20221; OO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patenta, Washington, DC 20231.

PTO/SB/01 (12-87)

Approved for use through 8/30/00, CMB 0551-0032

Pauni and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it contains a valid DMB control country. Please type a plus sign (*) irelde this box --

e vand OMB control equitiber.

DEC	LARA	TION-	<u> </u>	Itility o	r De	sigr	Pater	nt A	opli	cation	_
emby claim the ted States of led States or	bonefit un America. Es PCT interna	der 35 U.S.C. 12 ilos below and, i ilonal application	O of em insorer in the I	y United States of eas the subject of manner provided and in 37 CFR 1	application(s), or 36	(c) of early prof	application 112. I ad	n is not knowled ng dale	of the prior ex-	he prior discloss plication
					Pr	regt P	lling Date	P	#I CIII	1 000111	
U.S	, Parent.	Application	OLAC	I Parent	1	IOWM	mm		(il	applicable)	
		Number						-		auerhad han	HO.
		tremound opp	AICS (C)	numbers are le	144 ON A PU	bb)-mou	ol priority data	sheet PTC	NA BYOZI	all burdhests in	ne Paten
Redoctional	S. OFPC	internolizated appropriate the control theoretich:	1000	national proces	Jones (n) to	prosecut	She application	n ens to t	2000	Perce Custom	-
in Tradition is.	Office Colum	count thousands:	☐ cu	stomer Number					1	Number Ber Co	ا متح
- 10-1-1917	*		_ ~	e gistered prodific	merie) ner	e/(epstr	ation number file	red below		Label Dant.	riloc
			<u> </u>	Rogistrati	00	T	NeT			Numi	
	Name			Numbe		7001	Lucier			29,400	
ATION AND FOR				ζ(7)7 1.079		i ba G.	Suca			33,763 33,211	
Boloci I Barga Jaciel S. Epunc			2	4,932		F-48 1	ard & Sorgi L Zhelin			27,476 24,287	
Carryalin P. Good	(Q=			0250 178,8		CING	A Amodé			J	
hillp It Could	90 1								D:030	- Profiled horse	
المداع وممص	1	nacitioner(s) Nar	ned 00 '	supplemental Re	portereti P	aclitione	Information sh	est PTQA	1902C	BIOLES INTO MAN	
Name		on to: Cu or J. Amold, E	Bar Co	ode Label							
Address	1	r, Rothsteil		benstein							
Address	90 Par	k Avenue			<u> </u>		INY	1	100	16	
City	Now Y	ork			1:00(2)	1 379X6			(212	2) 286-085	4
Country	U.\$.A.			Telephone	(212)	37-3.	700		de en i	n/ormetion an	o colei s
Delicano io n		statements mad further that their prisonment, or b issued thorson.	o horev se state joun, un	n of my own kn menus were ma ider 18 U.S.C.	1001 844 1	<u></u>	to that will will also see				
		irst Inventor						iliy Nami			
	Given Nan	ne (विद्या तरक तर्व	ddle lif	([אַחַבּ		Carra					
Nancy										Date	
Signature		New York		\$1919	NY	Cou	U.S.A	L		Clizanthip	Mexic
Post Office			89th	Street, Apt	. 4-M						
1	Address					100		T.		U.S.A.	
Post Office							/				
		New York	State	NY	ZIP	`! ——		_	MUGA	سيسببان	

Ploase type a plus sign (*) inside this box ->

Under the Peparation Act of 1995, no persons are required to respond to a collection of information unless it contains a valle OMB control number.

vella OMB corard number. ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 DECLARATION

ال	DECLARATION										
		1			المالية	∽ h:	as been filed	for this	unsigned	inver	vtor
	al Joint Inventor, if any			A petition has been filed for this unsigned inventor Family Name or Surname							
Given Nan	ne (first and middle (if any))		·				Fariniy Itali	19 01 150			
Orsolya				Don	an						
Inventor's Signature				.·				_	Date	+	
Realdence: City	Bronx	State	NY	اً _	Cauntry		S.A.		(tuensh)	Hu	ngarlan
Past Office Address	1579 Rhinelander Ave., Apt. 4-C										
Post Office Address U.S.A.											
City	Bronx	Bronx State NY ZIP Country									
Name of Additio	nal Joint Inventor, if any	y:			A peù	uon i	nas been file			ed inve	HULOL
	ame (first and middle [if any])						Family Ne	me or Si	numane		
Uygar H.				1	azet	ay			1		
Inventor's Signature			·						Det	<u>e</u>	
Residence: City	Ankara	6 reste	<u></u>		Count	<u>, 1</u>	Turkey		Chizer	ishlp	Turkish
Post Office Address	Bilkent Lojmaniari	37/1	 .: -	<u> </u>							
Post Office Address				• .•		_			-		
(18)	Ankara	Stat		·	Z1	P 1	06533	Coun	ttry	urke	
Name of Addition	onal Joint Inventor, If ar	7 y 2.		Č] A [20	udon	has been R	led for th	is urelgi	ned in/	rentor
	lame (first and middle (if any						Family N	SULP OF S	Surrame		
Irone L.		i		Wa	pnir				11/2	10/4	
Inventor's Signature	Kene 1	<u>Me</u>	M	<u>W</u>	7_					49	
Rocidenes: City	Stanford	Stat	<u> </u>	Α .	Cone		u.\$.A.		CM	nehle	u.s.
Post Office Addres	300 Pasteur Drive	H362	5								
Post Office Addre	45		- -	٠.	<u>:</u>			cre		u.s	: ^
cin	Stanford	gran.	, C	A		ZIP	94305-5	000	Country	10.3	

Burden How Statement: This form is estimated to take 0.4 hours to complete. Time —it very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be tent to the Chief Information Officer. Person and Trademark on the amount of time you are required to complete this form should be tent to the Chief Information Officer. Person and Trademark of This ADDRESS. SEND TO: Assistant Commissionar for Officer. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissionar for Patients. Washington, DC 20231.